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Jupiter Environmental Services, Inc. 17 Warehouse Row Albany, NY 12205

518-435-0700 Phone 518-435-0702 Fax

Attention Firm Name		From Date	Bill Marggi 7/29/16
	290 Broadway New York, NY 10007-1866	Project	Berkshire Maintence Facility
Phone Fax		Project No.	16-218

We are sending you:

	Copies	Desc	cription	on	
	2	EPA notification			
These are t	ransmitte	as checked below:			
$\boxtimes$	For approva	al		Sign and return	
	For your use	e		Return	Copies
	As requeste	d			
	For review a	and comment			

## **EPA Notification of Demolition and Renovation**

Operator project #	Postn	nark	Date	Received	Notificat	1011#			
I. TYPE OF NOTIFICATION (O = Original R = Revised C = Canceled): O									
II. FACILITY INFORMATION			tor and other	operator)					
	OWNER NAME: NYS Thruway Authority								
Address: 200 Southern									
City: Albany			State: N		Zip: 12209				
Contact: John Powere	Tol: 518 436-3088								
REMOVAL CONTRACTOR									
Address: 17 Warehous	e Row								
City: Albany			State: N		Zip: 12205				
Contact: Bill Marggi					Геl: 518 435-07	/00			
OTHER OPERATOR:									
Address:									
City:			State:		Zip:				
Contact:					Tel:				
III. TYPE OF OPERATION (	D = Demo, O = O	rdered Demo, F	R = Renovation	on, E = Emer. R	enovation): R				
IV. IS ASBESTOS PRESEN	T? (Yes/No) Y	es				- Kangara Andra			
V. FACILITY DESCRIPTION	N (Include buildin	g name, numbe	er and floor or	room number)					
Building Name: Berk	shire B2 Mainte	nance Facility	1						
Address: 751 Rock C	ounty Road								
City: Old Chatham State: NY					County: Colum	nbia			
Site Location: 1st fl	oor								
Building Size: 5,000		# 1 of floo			Age in Years:	60			
Present Use: Thruway Main. building									
VI. PROCEDURE, INCLU OF ASBESTOS MAT Bulk Sampling	UDING ANALYTI ERIAL:	CAL METHOD,	IF APPROPI	RIATE, USED T	O DETECT THE	PRESENCE			
	APPROPRIATE AMOUNT OF ASBESTOS, INCLUDING:  Nonfriable Asbestos Material Not to be Removed  Nonfriable Asbestos Measurement Below								
2. Category I ACM n	0 ,		Cat I	Cat II	UN				
Pipes					LnFt:90	Ln m:			
Surface Area					SqFt:1,200	Sq m:			
Vol RACM Off Facili	ty Compound				CuFt:	Cu m:			
VIII. SCHEDULED DATES		IOVAL (mm/de	d/yy)	Start: 9/12/16		: 10/12/16			
	IX. SCHEDULED DATES DEMO/RENOVATION (mm/dd/yy)  Start:  Complete:								
THE CONTEDUCED DATE OF					Continu	ed on page two			

## Notification of Demolition and Renovation (continued)

X. DESCRIPTION OF PLANNED DEMOLITION							
XI. DESCRIPTION OF WORK PRACTICES AND EMISSIONS OF ASBESTOS AT THE DEMOI Asbestos to be removed by wet methods	THON AND RENOVATION 3	)   L					
XII. WASTE TRANSPORTER # 1							
Name: Jupiter Environmental Services, Inc.							
Address: 17 Warehouse Row		7: 40205					
City: Albany	Ctata: NV Zin: 12205						
Contact Person:		Tel. (516) 433-0700					
WASTE TRANSPORTER # 2							
Name:							
Address:	Chatai	Zip:					
City:	State:	Tel:					
Contact Person:		101.					
XIII. WASTE DISPOSAL SITE							
Name: Minerva Landfill							
Address: 9000 Minerva Road	State: OH	Zip: 44688					
City: Waynesburg	State: On	Ζιμ. 44000					
Telephone: 330-866-3435		The second second					
XIV. IF DEMOLITION ORDERED BY A GOVERNM	MENT AGENCY, PLEASE IDE	ENTIFY THE AGENCY BELOW:					
Name: Title:							
Authority:							
Date Order (mm/dd/yy):  Date Ordered to Begin (mm/dd/yy):							
XV. FOR EMERGENCY RENOVATIONS							
Date and Hour of Emergency (mm/dd/yy):							
Description of the Sudden, Unexpected Event:							
		L de se en un un recognishio					
Explanation of how the event caused unsafe con financial burden:							
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. If it crumbles, it will be contained and treated as friable.							
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)							
		8/25/16					
	Dell In	ator) (Date)					
	(Signature of Owner/Opera	ioi) (bate)					
XVIII. I CERTIFY THAT THE ABOVE INFORMAT	ION IS CORRECT.						
	8/25/16						
	(Signature of Owner/Opera	ator) (Date)					

## **EPA Notification of Demolition and Renovation**

Operator project #	Postr	nark	Date	Received	Notifica	tion#			
I. TYPE OF NOTIFICATION (	I. TYPE OF NOTIFICATION (O = Original R = Revised C = Canceled):								
II. FACILITY INFORMATION			ctor and other	operator)					
OWNER NAME: NYS Thru	OWNER NAME: NYS Thruway Authority								
Address: 200 Southern	Boulevard								
City: Albany State: NY Zip: 12209									
Contact: John Powere	Tal: 518 /36-3088								
REMOVAL CONTRACTOR	•								
Address: 17 Warehous	e Row								
City: Albany			State: N		Zip: 12205				
Contact: Bill Marggi					Tel: 518 435-07	700			
OTHER OPERATOR:	The same of the sa				ne-half "	39-1 19			
Address:									
City:			State:		Zip:				
Contact:					Tel:				
III. TYPE OF OPERATION (I	D = Demo, O = O	rdered Demo,	R = Renovatio	n, E = Emer. R	enovation): R				
IV. IS ASBESTOS PRESEN									
V. FACILITY DESCRIPTION			er and floor or	room number)					
Building Name: Berk									
Address: 751 Rock County Road  City: Old Chatham  State: NY  County: Columbia						nbia			
Site Location: 1st fl	oor								
		# 1 of flo	ors'	T	Age in Years:	60			
Building Size: 5,000 # 1 of floor  Present Use: Thruway Main. building				e: thruway m					
						PRESENCE			
VI. PROCEDURE, INCLU OF ASBESTOS MAT Bulk Sampling	ERIAL:	CAL WETHOD	, IF AFFROFI	MATE, OOLD	O DETECT THE				
No.									
VII. APPROPRIATE AMO	OUNT OF			Asbestos	Indicate Measurem				
ASBESTOS, INCLUE		Waterial Not to							
4 Demilated ACM to	he removed	RACM To Be							
Regulated ACM to     Category I ACM no		Removed	Cat I	Cat II	UN	IIT			
3. Category II ACM r	not removed					T			
Pipes					LnFt:90	Ln m:			
Surface Area					SqFt:1,200	Sq m:			
Vol RACM Off Facilit	y Compound				CuFt:	Cu m:			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (mm/dd/yy) Start: 9/12/16 Complete: 10/12/16									
IX. SCHEDULED DATES DEMO/RENOVATION (mm/dd/yy)  Start:  Complete:									
IN CONTEDUCED DATED D		(**************************************							

## Notification of Demolition and Renovation (continued)

X. DESCRIPTION OF PLANNED DEMOLITION C	OR RENOVATION WORK, AI	ND METHOD(S) TO BE USED:					
XI. DESCRIPTION OF WORK PRACTICES AND EMISSIONS OF ASBESTOS AT THE DEMOL. Asbestos to be removed by wet methods in	ITION AND RENOVATION S	ITE:					
XII. WASTE TRANSPORTER # 1							
Name: Jupiter Environmental Services, Inc.							
Address: 17 Warehouse Row							
City: Albany State: NY Zip: 12205							
Contact Person:		Tel: (518) 435-0700					
WASTE TRANSPORTER # 2							
Name:							
Address:		7.					
City:	State:	Zip:					
Contact Person:		i ei.					
XIII. WASTE DISPOSAL SITE							
Name: Minerva Landfill							
Address: 9000 Minerva Road		7. 44000					
City: Waynesburg	State: OH	Zip: 44688					
Telephone: 330-866-3435							
XIV. IF DEMOLITION ORDERED BY A GOVERNMI	ENT AGENCY, PLEASE IDE	NTIFY THE AGENCY BELOW:					
Name: Title:							
Authority:							
Date of Order (mm/dd/yy):  Date Ordered to Begin (mm/dd/yy):							
XV. FOR EMERGENCY RENOVATIONS							
Date and Hour of Emergency (mm/dd/yy):							
Description of the Sudden, Unexpected Event:							
Explanation of how the event caused unsafe cond financial burden:	itions or would cause equipm	ent damage or an unreasonable					
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. If it crumbles, it will be contained and treated as friable.							
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)							
	R. 1/ 1/2	8/25/16					
	(Signature of Owner/Operato	or) (Date)					
Y//III		or (Date)					
XVIII. I CERTIFY THAT THE ABOVE INFORMATION	IN IS CURRECT.						
	Bed Mr. 8/25/16						
	(Signature of Owner/Operate	or) (Date)					
IES N141 (1/00) page 2 of 2							